



Illness Policy

Transmission of Diseases through Food by Food Employees Infected, with Emphasis on Illness due to Norovirus, Salmonella Typhi (s. Typhi), Shigella, Enterohemorrhagic (EHEC) or Shiga Toxin-producing Escherichia coli (STEC), or Hepatitis A Virus, must immediately report to the manager or person-in-charge .

The purpose of this agreement is to inform food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, While Either 1) at Work or 2) Outside of Work, Including the Date of Onset:

1. Diarrhea
 2. Vomiting
 3. Jaundice
 4. Sore throat with Fever
 5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, or an exposed body part, such as boils and infected wounds, however small.
1. Personal exposure or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or other EHEC/STEC infection, or hepatitis A.
 2. A household member a) diagnosed with or b) attending or c) working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or EHEC/STEC, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices;
4. A physician's release may be required before returning to work.

I understand that failure to comply with the terms of this agreement could lead to corrective action by the food establishment or the food regulatory authority.

Employee Health Requirements Verification

Printed Signature	Employee signature	Date
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This form to be kept on site at all times of operation.